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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 7381

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|-----------------------------|-----------------------------------|--------------|------------------------|--|
| SERIAL NUMBER 08/766,150 | FILING DATE 12/13/1996 RULE | CLASS 536 | GROUP ART UNIT 1642 | ATTORNEY DOCKET NO. 304142000321 |
|-----------------------------|-----------------------------------|--------------|------------------------|--|

APPLICANTS

MALAYA CHATTERJEE, LEXINGTON, KY;

KENNETH A. FOON, LEXINGTON, KY;

SUNIL K. CHATTERJEE, LEXINGTON, KY;

** CONTINUING DATA *Claims benefit of 60/031,306 12/20/1995
SR and of 60/035,345 1/29/1996*

** FOREIGN APPLICATIONS *Sk*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/29/1997

| Foreign Priority claimed 35 USC 119 (e-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY KY | SHEETS DRAWING 34 | TOTAL CLAIMS 58 | INDEPENDENT CLAIMS 6 |
|--|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Verified and Acknowledged: Examiner's Signature <i>Sk</i> Initials | | | | | |

ADDRESS

25226
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TITLE
MURINE MONOCLONAL ANTI-IDIOTYPE ANTIBODY 11D10 AND METHODS OF USE THEREOF

| | | |
|------------|---|---|
| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit |
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